DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

	Supplemental	Substitute	☐ PC1		
As a below named inventor, I hereby declare that:					
My residence, post office address and citizenship are as stated below next to my name.					
I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "DIRECTED SELECTIVE SOLID-PHASE CULTURING OF STABLE MICROBIAL MIXED POPULATIONS FOR THE CONTINUOUS PREPARATON OF DEFINED ENZYME AND METABOLITE MIXTURES," which is described and claimed in the specification					
	which is attached hereto, o which was filed on	and with amer n No. PCT/EP2004	ndments through (if		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose all information known by me to be material to the patentability of the claims of this application in accordance with Title 37, Code of Federal					

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) or §365(b) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATIONS: (ENTER BELOW IF APPLICABLE)			PRIORITY CLAIMED (MARK APPROPRIATE BOX BELOW)	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FILED	YES	NO
10328552.0	DE	24/06/2003	YES	
102004009161.7	DE	25/02/2004	YES	

Regulations, §1.56.

I hereby appoint the attorneys and/or agent(s) associated with the following customer number to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer No. 23859

Address all telephone calls to Robert A. Hodges at telephone no. (678) 420-9300.

Address all correspondence to the address associated with:

Customer No. 23859

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

rull Name of Inventor.	Odo Hoikei
Inventor's Signature:	Molo M Date: 14.02. 2006
Residence:	Rotdornstrasse 2, 53639 Königswinter-Rauschendorf, Germany
Post Office Address:	Same as above
Citizenship:	Germany
	·
Full Name of Inventor:	Martina Janssen
Inventor's Signature:	Mortina ause Date: 14.02.2006
Residence:	Rotdornstrasse 2, 53639 Königswinter-Rauschendorf, Germany
Post Office Address:	Same as above
Citizenship:	Germany

E-11 M-------

ATTORNEY DOCKET NO. 04156.0021U1 Page 3 of 3

Full Name of Inventor:

Jürgen Lenz

Inventor's Signature:

Date:

14/02/2006

Residence:

An der Dicke 42, 53347 Alfter, Germany

Post Office Address:

Same as above

Citizenship:

Germany